

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 114
104

Registered No. _____

1. PLACE OF BIRTH

County GilaState Arizona

District or Township _____

or Village _____

City MiamiNo. 3005 Turkey Shoot St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Gamboa

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate?

7. Date

of birth

Month

Day

Year

Male

5. No., in order of birth _____

yesMich. 7-1928

8. FATHER

Full name Atanacio Gamboa

9. Residence

(Usual place of abode)

If non-resident, give place and state.

MiamiArizona

10. Color or race

Mex.11. Age at last birthday 41 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco
Mex.

13. Occupation

Nature of industry miner

14. MOTHER

Full maiden name Josue Rosalez

15. Residence

(Usual place of abode)

If non-resident, give place and state.

MiamiArizona

16. Color or race

Mex.17. Age at last birthday 36 (Years)

18. Birthplace (city or place)

(State or country)

Jalisco
Mex.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother _____

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 7(b) Born alive but now dead 1

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A. M. on the date above stated

(Born alive or stillborn)

Signature Cyril M. Brown M.D.Physician

(Physician or midwife).

Address Miami, ArizonaFiled Mich 12 28 1928

19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

Registrar

371-307-199